

Appl. No: 09/623,012
Reply to Office Action of December 11, 2003

Handwritten: #7/A
P. Delors
03/17/04

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s): Teraoka
Appl. No.: 09/623,012
Filed: September 28, 2000
Title: DATA TRANSMITTING METHOD
Art Unit: 2667
Examiner: D. Lam
Docket No.: 113184-0004

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

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MAR 16 2004

Technology Center 2600

AMENDMENT

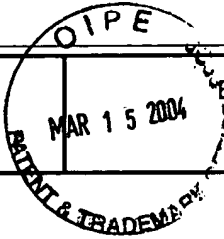
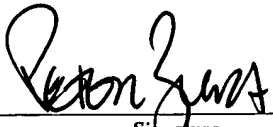

Sir:

In response to the Office Action dated December 11, 2003, please amend the above-identified patent application as follows:

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks begin on page 3 of this paper.

2667

AMENDMENT TRANSMITTAL LETTER (Large Entity)				Docket No. 0113184-00004	
Applicant(s): Teroka					
Serial No. 09/623,012	Filing Date September 28, 2000		Examiner D. Lam	Group Art Unit 2667	
Invention: DATA TRANSMITTING METHOD				RECEIVED MAR 16 2004	
<u>TO THE COMMISSIONER FOR PATENTS:</u>				Technology Center 2600	
Transmitted herewith is an amendment in the above-identified application.					
The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	3 -	20 =	0 x	\$18.00	\$0.00
INDEP. CLAIMS	1 -	3 =	0 x	\$86.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00
<div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 02-1818 <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. </div> <div style="text-align: right;"> Dated: March 10, 2004 </div> </div> <div style="margin-top: 20px;">  _____ Signature </div>					
Peter Zura Reg. No. 48,196 P.O. Box 1135 Chicago, Illinois 60690-1135 (312) 807-4708			I certify that this document and fee is being deposited on March 10, 2004 with the U.S. Postal Service as first class mail under 37C.F.R. 1.8 and is addressed to the for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.		
CC:			<div style="text-align: center;">  Signature of Person Mailing Correspondence </div> <div style="text-align: center; margin-top: 10px;"> Renee Street Typed or Printed Name of Person Mailing Correspondence </div>		